
TRADITIONAL MEDICAL BELIEFS AND PRACTICES IN THE CITY OF TIMBUCTOO

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THE city of Timbuctoo stands on the northern banks of the Niger River in the West African Republic of Mali. It had its origins as a seasonal camp for the Tuareg nomads in the 11th century A.D. During this period the camp and its wells were entrusted to a woman named Buctoo. The name Timbuctoo is derived from two Tuareg words, Tin, meaning "that belonging to" and "Buctoo."¹ By the 14th century A.D. Timbuctoo was a thriving caravan center which handled most of the gold coming out of the mines in Bambouk and Wangara to the south. As a consequence of its intimate contacts with the Moslem world of North Africa, the city eventually developed into a center of Moslem scholarship. Its contacts with animist peoples living to the south were also a consequence of its commercial role in this part of Africa. Salt mined in the Sahara was and still is shipped southward through Timbuctoo and slaves obtained in the south were shipped northward through the city.

The city never enjoyed long periods of political stability but fell under the dominance of diverse ethnic groups, including the Tuaregs, Peul, Maure, Songhoi, Bambara, and the Moroccans, who sent an army across the Sahara in 1591.² As a consequence, the city is extremely heterogeneous ethnically. But Islam serves to unite all these diverse peoples.

The existence of Timbuctoo was well known in Europe for many centuries. The lack of direct European observation of the city until the 19th century and its location across a then-hostile Moslem world and miles of desert generated an aura of mystery and the notion that the city stood at the end of the world. The latter idea has been carried through in popular usage, especially in the United States, where the word Timbuctoo is commonly used in the sense of a faraway or imaginary place.

Many people are astonished to learn that Timbuctoo really exists.

The first detailed, written description of the city was provided to the Western world by René Caillie, who visited Timbuctoo in 1828.³ Heinrich Barth, the scholarly German explorer, resided in the city for eight months in 1853-1854 and furnished a fine and detailed description of Timbuctoo and its peoples.⁴ The city fell to the French under Joffre in 1893 and became part of the French Sudan.⁵

Although Islam dominates religious beliefs and philosophical thought in Timbuctoo, the heterogeneous nature of the population and the relatively recent conversion of many to Islam from animism has left a broad spectrum of traditional medical beliefs and practices. This paper presents information gathered on this subject between 1967 and 1972, when the author lived in Mali, and during two field trips in 1974.

MATERIALS AND METHODS

Interviews were conducted with healers and Moslem clerics and observations were made on therapeutic practices during several field visits to the city. Interviews were also conducted with ordinary citizens of the city representing most of the ethnic groups found there. Interviews were conducted in French and Bambara by the author and in Songhoi and Tamashek through two interpreters fluent in those languages.

THE PEOPLE OF TIMBUCTOO

The present population of Timbuctoo is approximately 12,000.⁶ During the early months of the year the population is increased by a few thousand Tuareg nomads and individuals traveling with the salt caravans. The city is divided into eight quarters, in some of which certain ethnic groups predominate. Most of the city consists of one and two-story buildings built of gray mud brick.

The accompanying table shows the principal ethnic groups in the city. The agricultural Songhoi form approximately three quarters of the population. They are divided into two classes: the Arma, who are considered nobles, and the Gabibi who until recently were their serfs. The Gabibi are reputed to be able to control genii and to perform sorcery. The Arabs, or Maures, as they are frequently called, are divided into three classes: nobles, descendants of former slaves, and Berabich nomads. The Tuaregs are mostly nomads. Only their former slaves, the Bela, are

PRINCIPAL ETHNIC GROUPS IN TIMBUCTOO

<i>Group</i>	<i>Subgroup</i>	<i>Description</i>	<i>Primary language</i>	<i>Secondary language*</i>
Arab (Maure)	Nobles (Tolba)	Migrated from North Africa	Arabic	Songhoi French
Arab (Maure)	Former slaves (Harratin)	Descendants of black African slaves	Arabic	Songhoi French
Arab (Maure)	Berabich	Nomads from the Sahara	Arabic	None
Songhoi	Arma	Descendants of 16th-century Moroccan invaders and black African wives	Songhoi	French
Songhoi	Gabibi	Descendants of serfs to the Arma	Songhoi	French
Tuareg	Nobles (Imaggaren)	Nomads from the Sahara	Tamaschek	None
Tuareg	Former serfs (Imrad)	Nomadic descendants of nobles and slaves	Tamaschek	None
Tuareg	Former slaves (Bela)	Descendants of black African slaves	Tamaschek	Songhoi
Peul	None	Migrants from the Senegal River Valley	Pular	Songhoi
Bambara	None	Migrants from west central Mali	Bambara	Songhoi French

*Since 1964 Russian has been taught extensively in the secondary school system in Timbuctoo.

fixed inhabitants of the town. The Tuareg nobles and their former serfs come into the city seasonally.⁷ However, since the severe drought of 1972-1974 many have settled in the town. In addition to these groups, there are smaller numbers of Bambara and Peul.

THE POSITION OF ISLAM

In Timbuctoo, as in many other places, Islam is not only a religion but also a way of life. It provides the essentials of custom as accepted by all and furnishes the civil and criminal codes of law. While Islam plays a different role in the lives of different individuals, it sets the foundation for mutual understanding and unites people across ethnic and class lines. Dogma is interpreted by the clerics, the *marabouts*, also known as *alfa*, individuals who are able to read the *Koran*. *Marabouts* also dispense charms and talismans and treat illness believed to have a supernatural cause. *Marabouts* are considered to be not only learned men but also individuals who possess *baraka*, supernatural power. No fixed

standards govern the training of *marabouts*. The longer a man studies, the more learned he is considered to be. However, his general reputation is contingent upon a number of factors, not the least of which is an empirical assessment of his success in curing illness. These characteristics of *marabouts* are not limited to Timbuctoo, but are found throughout Moslem West Africa.⁸

There is no religious hierarchy in Timbuctoo. *Marabouts* tend to attach themselves to a mosque situated in their quarter of the city. Theoretically, any male can become a *marabout*, but to do so he must learn Arabic, which is not only the language of Islam but is also considered the language for controlling supernatural power. In practice the Arma and Gabibi rarely become *marabouts* (see the accompanying table), but in recent years this long-established pattern has changed. Traditionally, the most respected *marabouts* have been found among the Arabs (Maures) and the Tuareg nobles. Among the latter group certain clans are traditionally *marabouts*. The Peul and Bambara in Timbuctoo also have their *marabouts*.

THE CAUSE OF ILLNESS

Serious illness in general is attributed to supernatural causes. Consequently, people do not ask how they became ill; they ask why. This is a common attitude among many West Africans.^{9, 10} Recognized disease syndromes are not consistently attributed to the same supernatural cause. Rather, each case is considered individually and the specific supernatural cause is determined. Epidemics constitute an exception; they are always attributed to one supernatural cause. Minor illnesses are most often ascribed to natural causes and are managed at the household level.

In Timbuctoo several supernatural causes are commonly incriminated. These are genii, witches, magicians, and sorcerers. The latter two inflict illness either directly or through the media of special charms and fetishes.

Genii. Genii, or *jinn* as they are called in the *Koran*, are spirits whose existence is said to have been revealed to the prophet Mohammed in Mecca. In Timbuctoo the Songhoi refer to genii as *holy* and regard them as corporeal beings like men but invisible. Those genii who are considered good because they follow the precepts of the *Koran* are called *holy koara* in Timbuctoo, which literally means white genii. Those *jinn*

who do not respect the teachings of the *Koran* are considered bad and are known as *holy bi* or black genii. Moslem clergymen establish relations with *holy koara* for the purpose of engaging in divination and magic. They do not establish relations with *holy bi*.

Belief in genii (*jinn*) is strongly held; in Timbuctoo they are often held responsible for sudden death and serious illness. Genii are believed to roam about at night and are encountered only rarely during the day. Although a few genii are considered to be benevolent, most are believed to be extremely evil spirits which assume terrifying physical forms. It is believed that some masquerade at night as dogs and cats; for this reason people avoid these stray animals after sundown. Genii rarely enter homes. They are thought to be especially numerous in certain areas of the city.

It is strongly believed that the Gabibi exert control over many evil genii. The knowledge of control supposedly is passed on from father to son within the framework of the guilds of artisans, butchers, masons, and blacksmiths, which are for the most part composed of Gabibi. The Bela and certain *marabouts* are also thought to be capable of controlling evil genii. Genii are controlled through the utterance of magical formulae consisting of Arabic and Songhoi words.

Witches. In Timbuctoo witches are known as *tyerkow*. In many ways they more closely resemble vampires than witches. They assume the form of bats and attack victims by drinking blood from their necks. It is believed that a witch attacks the same victim on successive nights, making him weak, cachectic, and feverish. Prolonged febrile illnesses and attacks of malaria are most often thought to be the work of witches. Witches are also said to be capable of attacking people during the day by touching them or by putting something into their food or drink. Most cases of acute gastroenteritis are thought to arise in this way.

Those suspected of being witches are usually strangers in the town. Some Gabibi and Bela are also believed to be witches. The non-Arab peoples of Timbuctoo believe that in a given locale witches are grouped under a leader and hold regular nightly meetings at which victims are selected. A few areas in the city and around its periphery are still considered to be meeting places of witches. Miner recorded this observation in 1941 when beliefs in witches were much stronger than they are today.¹²

Sorcerers and magicians. Sorcerers are believed to be individuals who

possess supernatural powers capable of causing illness or other harm in their intended victims. They are known as *dabrey futu koy*, which means "master of evil." Belief in sorcerers is largely restricted to the Songhoi; the Arabs and the Tuaregs do not believe in their power. Most sorcerers are said to be Bambara or Peul and in general are strangers in the city, but some Gabibi guild artisans and Bela are believed to be sorcerers.

Sorcerers inflict illness through two principal mechanisms. The first of these, the *korte*, is a magical charm which may consist of a grain of cereal, a stone, a piece of metal, or some other small object. It is believed that these things can be sent through the air over great distances to their intended victims and can cause the desired illness by passing through the skin. Sorcerers must impart certain magical qualities to these objects to make them effective. Either magical formulae are pronounced over them or herbal preparations are sprinkled over them. Sorcerers who use *korte* to cause illness are often called *korte koni* by the Songhoi, which means "he who makes charms."¹²

Other sorcerers are said to cause illness through the use of a fetish known as *kambu*. *Kambu* are metal tweezers composed of copper, silver, or iron. Charms written in Arabic script and pieces of red, white, black, and yellow cord are attached to these tweezers. During the preparation of a *kambu* the sorcerer recites incantations over the pieces of cord and ties several knots in each. At the same time cowrie shells are also attached to the fetish.

In order to make a *kambu* effective, the sorcerer sacrifices a chicken over the fetish and accompanies this by a lengthy ritual. In addition, macerated kola nuts, which are rubbed over the *kambu*, are believed to impart supernatural qualities. In order to employ this fetish for nefarious ends, the sorcerer takes one of the cords and ties it around the body of the fetish while reciting his wishes. The color of the cord used during this recitation depends upon the intended victim—black for Negroes, red for Arabs, and yellow for whites. The powers of *kambu* can be neutralized if the intended victim wears protective charms.¹⁴

TREATMENT OF ILLNESS

Minor illnesses in Timbuctoo are treated in the household by home remedies. These illnesses, such as mild respiratory infections, conjunctivitis, and mild dermatitis, are believed to have natural causes. Herbal

remedies abound and are used widely for treating these diseases. Some of the herbs are gathered by individuals in the surrounding rural areas outside the city; others are sold by herbalists. In general, individuals simply inform the herbalist of the preparation they wish, the specificity of given herbs being well known. Occasionally the client will inform the herbalist of the problem and he in turn will recommend a given herb. Most herbal preparations consist of leaves, stems, and, occasionally, roots. Usually they must be pounded in a mortar and then mixed with water. Herbalists will provide directions for preparing these remedies; however, individuals often are familiar with their preparation through frequent use.

Severe illnesses are treated by either Moslem clerics, the *marabouts*, or by Gabibi magicians known as *tyimbibi koy* (master of black talk). These practitioners also are believed to prevent illness through the use of charms.

MARABOUTS

Some *marabouts* use standard Islamic manuals of magic. Others learn the art of making amulets and charms only from teachers. *Marabouts* employ two types of charms for preventing and treating illness. The first are written charms, known as *tira*. These are small pieces of paper on which verses from the *Koran* are written along with magic Arabic formulae. These charms are sewn into small rectangular leather sachets and usually are worn around the neck. The Arabs in Timbuctoo do not wear many *tira*; the Taureg nobles often wear a half dozen or more at a time. These charms are used not only for treatment but also for prevention. They may serve both functions simultaneously.

Marabouts more commonly treat illness through ritual charms. Passages from the *Koran* are written on wooden slates with either ink or charcoal and the inscription is washed off with water. The solution is either drunk by the patient or rubbed over the affected part of the body. While washing the words off the slate, the *marabout* repeats prayers which transfer his *baraka* to the solution. Some *marabouts* spit on the patient and rub their saliva into the affected part of the body, reciting cryptic formulae as they do so. *Marabouts* often provide patients with myrrh to which their *baraka* has been transferred. The patient burns the myrrh every day and this is exposed to the *baraka*.

Miner reported that in 1941, at the time of his studies in Timbuctoo,

there were a few powerful *marabouts* who possessed good *genii* which did their bidding. The *marabouts* used these *genii* to cure illness, including insanity.¹⁵ At the time of the present study I found no evidence of current belief in the cure of illness through *genii* controlled by *marabouts*.

Marabouts are not judged harshly if they fail to achieve a cure. The overriding fatalism of Islam explains these failures as God's will. Several *marabouts* may be consulted if the illness remains unaltered. Most individuals will adhere to the treatments of their family *marabout*.

Marabouts do not provide their services free of charge; often they charge high fees for their charms. Certain charms, such as those worn by women to prevent miscarriages, cost the equivalent of \$10. This corresponds to the bimonthly wage of an average civil servant in Timbuctoo. *Marabouts* may be paid with gifts of animals such as sheep and goats; prior to the colonial period this was the usual form of payment. Nowadays cash payment is required.

MAGICIANS-HEALERS

The Arabs in Timbuctoo do not believe in supernatural causes of illness which are outside the context of the *Koran*. Other ethnic groups in the city do, however. The magician-healers who deal with these supernatural causes of illnesses are known as *ty nibibi koy* in Songhoi, which means "master of black language." The majority of magician-healers are Gabibi and many are found in the Dyingerey Ber quarter. Credibility in the *ty nibibi koy* has diminished greatly during the past decade, in part because of rising levels of literacy and gradual westernization of the population.

Magician-healers make a variety of charms whose purposes range from the prevention of illness to the acquisition of wealth. These charms, known as *gulli*, are composed of braided or knotted pieces of string of different colors.¹⁶ During the process of production the magician-healer pronounces secret incantations as he ties a knot. It is believed that the magical formula then resides in the knot.

At one time magician-healers were often called to treat people believed to be suffering from the attacks of witches. With deeper Islamization of the non-Arab segments of the population, belief in witches has declined. Magician-healers usually treat their patients by pronouncing magical formulae over some food such as milk, porridge,

or butter. This is then eaten by the patient and a portion is rubbed over his body. The treatment is often repeated on successive days. At one time magician-healers were called often to cope with suspected witches through an elaborate ritual. This is infrequent today.

MODERN MEDICAL FACILITIES

Although modern medical services existed in Timbuctoo to some extent since the turn of the century, they were not available to most of the people until the last two decades. A 30-bed hospital was built since Mali became independent in 1960. The hospital has modern x-ray equipment and a modern operating room reserved mostly for life-threatening emergencies.

A hygiene service is attached to the hospital. It is responsible for environmental sanitation in the city. A unit of the national preventive medical service, the Service des Grandes Endemies, is responsible for campaigns of mass immunization.

Medical services are supervised by one Malian physician who was trained in Europe. There are no expatriate physicians in the town. Six nurses and one midwife are attached to the hospital. The quality of medical care provided at the hospital is above the average for rural Mali.

Although the hospital and its satellite dispensaries provide relatively good medical care in some parts of the city, they have not made an inroad into the therapeutic sphere of *marabouts*. Among traditionalists the basic belief in a supernatural cause of disease precludes treatment at the hospital. Others consider the results obtained at the hospital less satisfactory than those obtained through *marabouts*. For the traditionalist in Timbuctoo, cure has two components: the disappearance of symptoms and psychological reassurance. Even if the *marabout* fails in the first, he almost never fails in the second.

Attitudes toward modern medical services are changing slowly. More and more traditionalists are seeking care at the hospital, not necessarily to the exclusion of *marabouts'* care. Often they seek care in the outpatient dispensary and then seek the advice of a *marabout*; the sequence also may be reversed. It is equally common for inpatients to have their *marabouts* treat them on the ward in the hospital. The portion of the population which utilizes the hospital uniquely to the exclusion of the *marabouts* is small and consists mostly of government officials and the educated elite.

DISCUSSION

To a large extent the pattern of a community's belief as to the causation of disease determines the nature of its system of medical care. In Timbuctoo a strong belief in the supernatural causation of serious illness sustains a system of treatment by *marabouts* and magician-healers, who are able to tell people why they became ill and can deal effectively with the supernatural causes of illness. Confidence in them is usually very high. They function in a Moslem community which readily accepts therapeutic failure as God's will; in a sense they are credited with all cures and never are discredited for failure to cure. *Marabouts* and magician-healers, unlike nurses at the Timbuctoo Hospital, have the advantage of a leisurely practice wherein they can devote a great deal of time to the individual patient and in so doing provide him with the psychological assurance that he needs.

Many of the town's inhabitants do not consider the medical services provided by the Timbuctoo Hospital superior to traditional treatments. Apart from attitudinal factors, the hospital personnel are often not as successful as they should be therapeutically because of a lack of diagnostic aids and specific therapeutic agents. A diagnosis of amebic dysentery may be made, but if the hospital pharmacy lacks amebicides, medical personnel cannot treat the patient properly. This is not uncommon in Timbuctoo. It is widely recognized, however, that acute surgical emergencies are best handled at the hospital.

Many use the traditional system and the hospital simultaneously or successively. In Timbuctoo traditional healers practice side by side with the modern system of health care. This phenomenon has been observed elsewhere in Africa. Rarely is conflict or confrontation generated by the traditional system. Confrontation, when it does occur, is usually generated by the personnel of the hospital. They are understandably angered by receiving a patient whose recovery has been compromised by days or weeks of delay attributable to treatment by the traditional sector. Even if they are successful in treating the illness, credit for the cure may go not to them but to the traditional healers—a common phenomenon in any areas of Africa.¹⁷ *Marabouts* often visit their patients in the hospital, administer ritual cures, and advise their patients to continue their hospital treatment. In so doing they participate in whatever success may result.

The traditional system of medical practice in Timbuctoo will con-

tinue to thrive despite progressive westernization and raised educational levels. The concepts of supernatural causation and the accepted methods for dealing with disease lie deep in the convictions of the people. The enduring power of the traditional system is connected with its ability to provide the patient with what he really wants to know, an explanation of why he became ill. Since the beginning of the century, the people have been offered a choice of therapeutic possibilities. They have not forsaken the traditional, having experienced what they consider its unquestioned success.

SUMMARY

Timbuktoo is a multiethnic Moslem town situated in northern Mali. Serious illness is attributed to such causes as genii, sorcerers, and witches. The prevention and treatment of illness is managed at the traditional level by the *marabouts* (Moslem clerics) and by magician-healers. The modern hospital in the town, while providing medical care of relatively good quality, is not utilized fully by large segments of the population. Many people use both medical-care systems simultaneously or successively. Only a few use modern medical services exclusively. The enduring power of the traditional practitioners lies in their ability to provide patients with what they urgently desire: to know why they are ill.

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